

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/16/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2017
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, SEQUATCHIE			STREET ADDRESS, CITY, STATE, ZIP CODE 360 DELL TRAIL, PO BOX 878 DUNLAP, TN 37327		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 371 SS=E	<p>483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to serve hot food at or above 135 degrees Fahrenheit (F) and failed to serve cold food at or less than 41 degrees F for 1 of 2 resident meal services observed.</p> <p>The findings included:</p> <p>Observation on 6/12/17 beginning at 12:14 PM in the dietary department revealed the resident mid-day meal service was in progress and one</p>	F 371			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 371	Continued From page 1 resident meal delivery cart had left the dietary department. Further observation revealed the Assistant Dietary Manager obtained 113 degrees F for the grilled chicken. Further observation revealed a pan containing shredded lettuce, chopped tomatoes, and shredded cheese stored in a chilled pan on the counter behind the steam table and was available to be served to the residents. Further observation revealed the Assistant Dietary Manager obtained 56 degrees F for the shredded cheese. Interview with the Assistant Dietary Manager confirmed the facility failed to serve hot food at or above 135 degrees F and failed to serve cold food at or less than 41 degrees F.	F 371			